For Office Use ZP # 2020-12 Parcel # 024-0202 Map # 06-050.000 $District: \Box V \Box RR \% F&A$

Town of Plainfield

P.O. Box 217 • Plainfield, VT 05667-0217 phone: 802-454-8461 • fax: 802-454-8467 plainfieldza@gmail.com

Zoning Permit Application

This form serves as the application for all zoning permits and development reviews.

Plainfield

JUL 30 2020

730 AM

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A Owner/Applicant Information								
Pr	operty O	wner Na	me Celia	Winte	215	4		<
Ma	ailing	Street	P.O. Box 246	Gray	Roa	0	Apt/Suite	
Address:		City	PlainFie	ld	State	UT	Zip 056	67
Phone: Day 802 - 454 - 7738 Evening 802 - 454 - 7738 Prefer? Day Eve 145							☐ Eve ☐ Either	
Is Owner the Pres Skip to Site and Project Information, Section B, below. Applicant? No Provide owner name and mailing address (above), indicate relationship to owner, and complete Applicant information below. (All information will be sent to the Applicant when not the owner.)								
If not the Owner	Relationship to Owner:		☐ Prospective Owner (have purchase agreement) ☐ Contractor ☐ Lessee ☐ Architect/Designer ☐ Agent ☐ Other:					
			:					
	Mailing Address:		Street/P.O. Box				Apt/Suite	
			City	State Zip				
	Phone: [Day		Even	ing:		Prefer? □ Day	y 🗌 Eve 🔲 Either
В	Site an	d Proje	ct Information					
Physical Address (911) 202 Percy's Place								
ln	100 Yr Fl	oodplair	n? 🗆 Yes (check Y	es if any portion	of the parce	el is in the distric	ct) 🗓 No	,
Please briefly describe the project and/or request: Construct a 1,780 sq. ft ranch style home with walk-out basement 3 Bedrooms 3 baths which include one br3 1 bath as a mother-in-law space in the basement.								
Site Plan: All applications must include a site plan. See the reverse side for more information.								
Signature: The below signed hereby agrees that the proposed work shall be done as represented on this form and the associated documentation submitted, and that the work shall conform to all applicable town ordinances and regulations. Signing as an "Agent for Owner" indicates that the person signing has the permission of the land owner to act on the owner's behalf. Note: Additional permits may be needed from the State of Vermont and/or the Town of Plainfield.								
	dicate if:	Pro	perty Owner OR	☐ Agent for C)wner			
Sig	Signature: Leles Winters Date: 7/15/2020							

FOR OFFICE USE ONLY

Recv'd from:

Recv'd from: Winters

Hearing fee \$

Permit fee \$ 100.00

Recv'd by:

Recv'd by:

2020

Date:

Date:

Plainfield Zoning Permit Application—side 2

Site Plan: All applications must include a site plan showing the dimensions of the lot, the location of all existing structures, development (driveway, well, septic field), water bodies, and all proposed structures and development on the lot. Indicate the setback distances from roads, property lines, and surface waters to the nearest structures. The applicant is responsible for determining the property lines and setback distances.								
For a Sign: Submit the text, graphics, size, and a site plan map of the sign location on the building or lot.								
For a Subdivision: Was this parcel created after March 2004?								
For Construction projects: In addition to the site plan map, an elevation is required for most commercial build broposals. Please answer the questions below for all construction projects:								
Is any portion of the building rented? ☐ Yes ☑ No	For residential structures, please indicate:							
Will project require an access permit (driveway opening)? ☐ Yes ☑ No	Single-family Two-family Multiple units For all projects involving single-family houses:							
Will project disturb, grade, or excavate more than one acre of land? ☐ Yes ☑ No	Existing Rooms New Rooms							
Will project result in increased water	# Bathrooms3							
or sewer flow? Yes Vo	# Bedrooms							
Does project require an Act 250								
permit amendment? Yes No	# Kitchens							
Maximum building height: 30 feet								
Questions? Contact the Zoning Administrator, Karen Storey, at 454-7856 or plainfieldza@gmail.com								
D Action by Zoning Administrator: Dincomplete 1/20/2020 emailed of the complete 8/13/2020 email								
1. Granted Referred, date: Denied, date:								
Reason/Comment:								
2. Appealed to the DRB, date:	By:							
Applicant Note: An Appeal of a decision or act of the Zoning Administrator must be made in writing to the Chair of the Development Review Board within 15 days of the decision or act.								
3. Final Action: Permit # 2020 – 12 Date issued: August 18,200 Effective date: September 2,2020 DO NOT start this project prior to the effective date, as the statutes require a 15-day appeal period.								
Zoning Administrator:								
E Development Review Board Action:								
1. Public notice date:	Hearing date:							
Continued to, hearing date(s):								
2. 🗌 Granted, date: 🔲 Denied, date:								
Chair, Development Review Board:								

Version 10/11/2010